_				THE DIVISION OF HE	ALTH OF MISSOURI	. •	09404
	No. 300	'EMER CON	7 101	STANDARD CERTIF	CATE OF DEATH	State File No	心心生之生
٧.	10.48		7 1952	918	1(003	0045
	.1	BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.	
	U	1. PLACE OF DEA	ATH	· · · · · · · · · · · · · · · · · · ·	2. USUAL RESIDENCE	L COLLETY	stitution: residence before admission).
	RECORD	a. coon. 1			M15500	8 /	
		b. CITY (If outside corporate limits, write RURAL and give OR STAY (in this place) TOWN ST LOUS TOWN STAY (in this place) TOWN STAY (in this place)			C. CITY (If outside corporate lin	its, write RURAL and give tow	nehip) C C
					TOWN ST. LOUIS 21.67		
•					d. STREET (If rur	al, give location)	
		INSTITUTION	JEWIS	· // · // · · · · · · · · · · · · · · ·	119 4233	ARCO A	VE
	, 2	3. NAME-OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
	· .	(Type or Print)	SIMO	N JOHN	SHIRITAS	DEATH SEPT.	27.1952
	PERMANENT	5. SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
	AN	MALE V	NHITE	WIDOWED 2	OCT. 27. 1879	72	
	K	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign	oountre)	12. CITIZEN OF WHAT
	E	MOULDE		FOUNDAY	LITH	VANIA	COUNTRY!
	1	13a. FATHER'S NAME	1	136. MOTHER'S MAIDEN	NAME 14. N	AME OF HUSBAND OR WIT	
	4	UNKN	OWN	UNKNO	$WN \qquad M$	ARV SHIR	KAS'
	KE	15. WAS DECEASED EVE	R IN U.S. ARMED		17. INFORMANT'S SIG	NATURE OR NAME -	ADDRESS
	MAKE	(Yes.po.orunknown) (If	yes, give war or dates	1 of service) 497-01-8826	mrs maine	m) Oliva	TOD)
	Î	IB. CAUSE OF DEATH		MEDICAL (CERTIFICATION		INTERVAL BETWEEN
	₩ .	Enter only one cause per	I DISEASE OR C	ONDITION	•		ONSET AND DEATH
	2		DIRECTLY LEAD	DING TO DEATH (a)	comme of less	% ,	I below
	INK	line for (a), (b), and (c)		CONDITION DING TO DEATH®(a)	come of lun	y ,	Lycan,
	CK	line for (a), (b), and (c) *This does not mean	ANTECEDENT C	AUSES	insur of list	y ,	Jylan.
	CK	line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT C Morbid condition rise to the above of	AUSES 18, if any, giving DUE TO (b) cause (a) stating	enowa of less	*	Jylan,
·	ACK	line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	ANTECEDENT C	AUSES is, if any, giving DUE TO (b) cause (a) stating use last.	mome of lun		fylan,
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		certificate was embalmed by me, or by	
Trop (wholm &	Student Embalmer No	
working under my personal supervision.		101/10	

Student Embalmer Licensed Embalmer No. 68.55 (100)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.